

Welcome

Quality Provider Program Gather & Grow Virtual Conference

Agenda

Welcome

9 a.m. to 9:05 a.m.

- Kelli Burnham, MSN, RN, Provider Quality Practice Transformation Director, Select Health
- Anngela Dunn, MD, MPH, Medical Director, Select Health

Motivational Interviewing

9:05 a.m. to 10:05 a.m.

- Aaron Hunt, MPH, PhD, Assistant Professor, Utah State University Extension

Medication Adherence & SUPD Collaboration

10:05 a.m. to 10:20 a.m.

- Nakisa Mirrafie, PharmD, MBA, Pharmacy Services Manager, Select Health

Roundtable and Q&A

10:05 a.m. to 10:20 a.m.

Motivational Interviewing Skills Training

A Practice-Based Workshop for Clinic Teams

Aaron Hunt, PhD, MPH

Health & Wellness Specialist, Utah State University Extension



**Select
Health**

Session Goal

- Apply MI skills to real patient and family conversations, across roles and settings
- Practice across common clinic scenarios: vaccine confidence, chronic disease management, medication adherence, and behavior change
- Build a shared framework providers, nurses, medical assistants, and clinic staff can all use immediately

MI Across Your Care Team

- The same skills apply everywhere in the visit, only the setting changes.
- **Providers:** framing recommendations, negotiating treatment plans without lecturing
- **Nurses:** chronic disease education, discharge and follow-up conversations
- **Medical assistants:** intake conversations, building rapport during rooming and vitals
- **Front desk & clinic staff:** scheduling follow-through, addressing no-shows and cancellations

Opening Poll

- Where do you experience the most resistance in patient/family conversations?
 - Vaccine hesitancy or refusal
 - Chronic disease self-management (diet, exercise, medication adherence)
 - Mental health or behavioral concerns
 - Substance use or other risk behaviors
 - All of the above — and not enough time

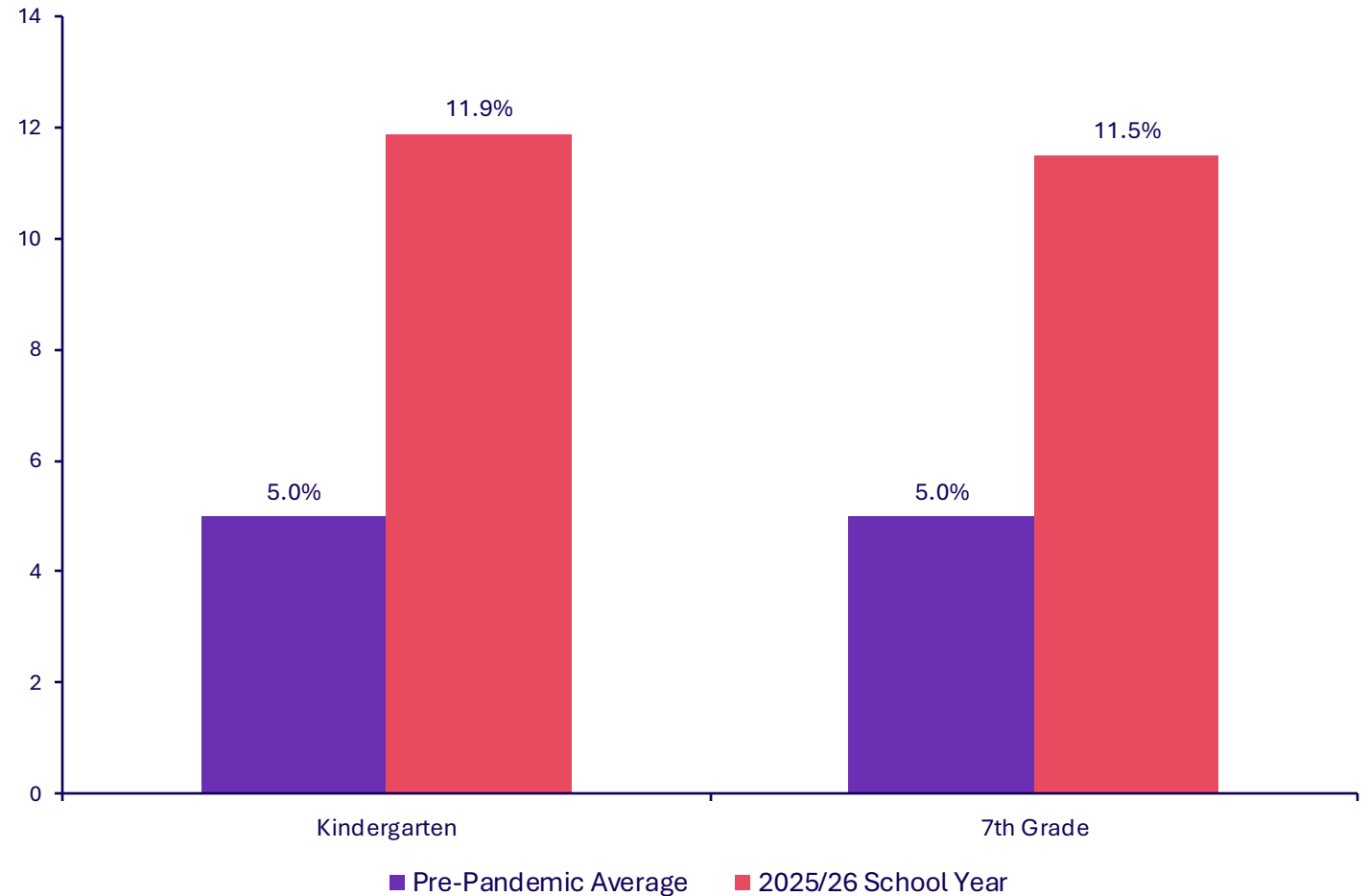
Vaccines Among Youth

Why families hesitate, and what the data shows



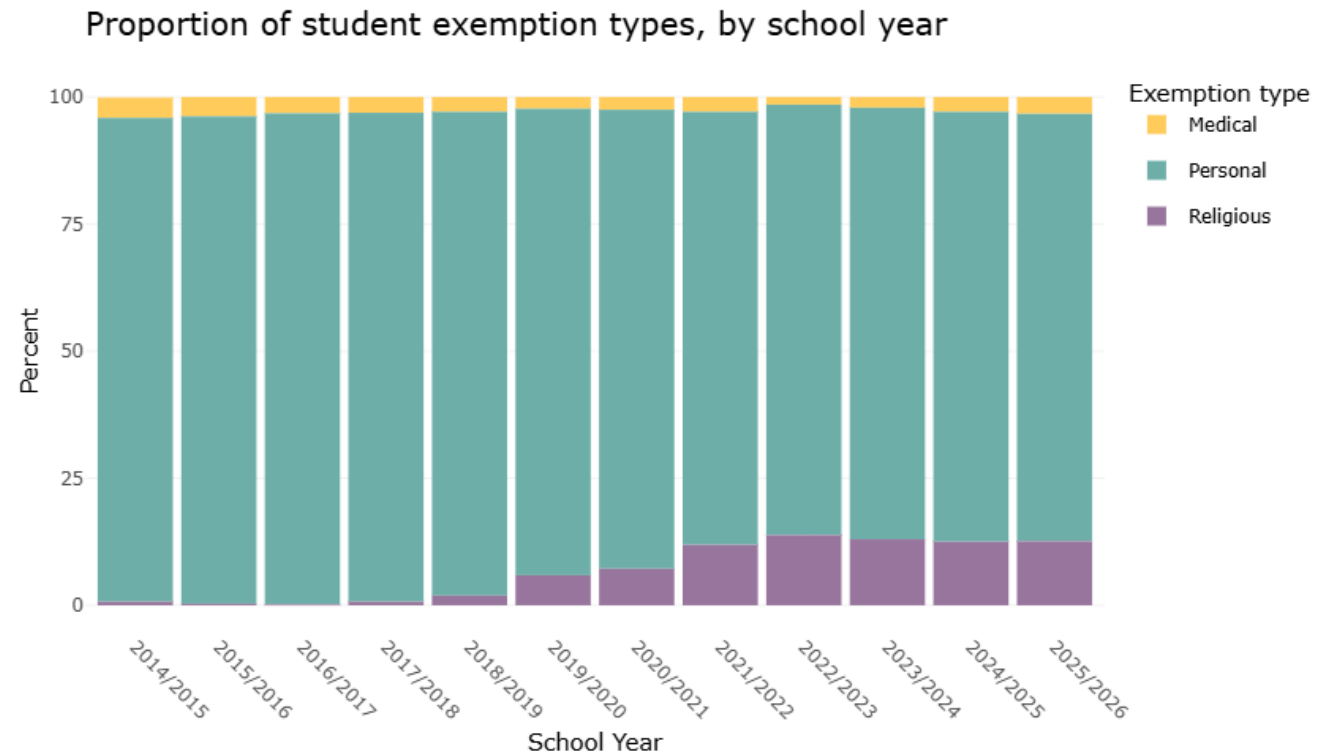
Exemption Rates Have More Than Doubled

- Exemption rates held stable at roughly 5% for years before the pandemic.
- Both have now passed 11% increasing risk of outbreaks.



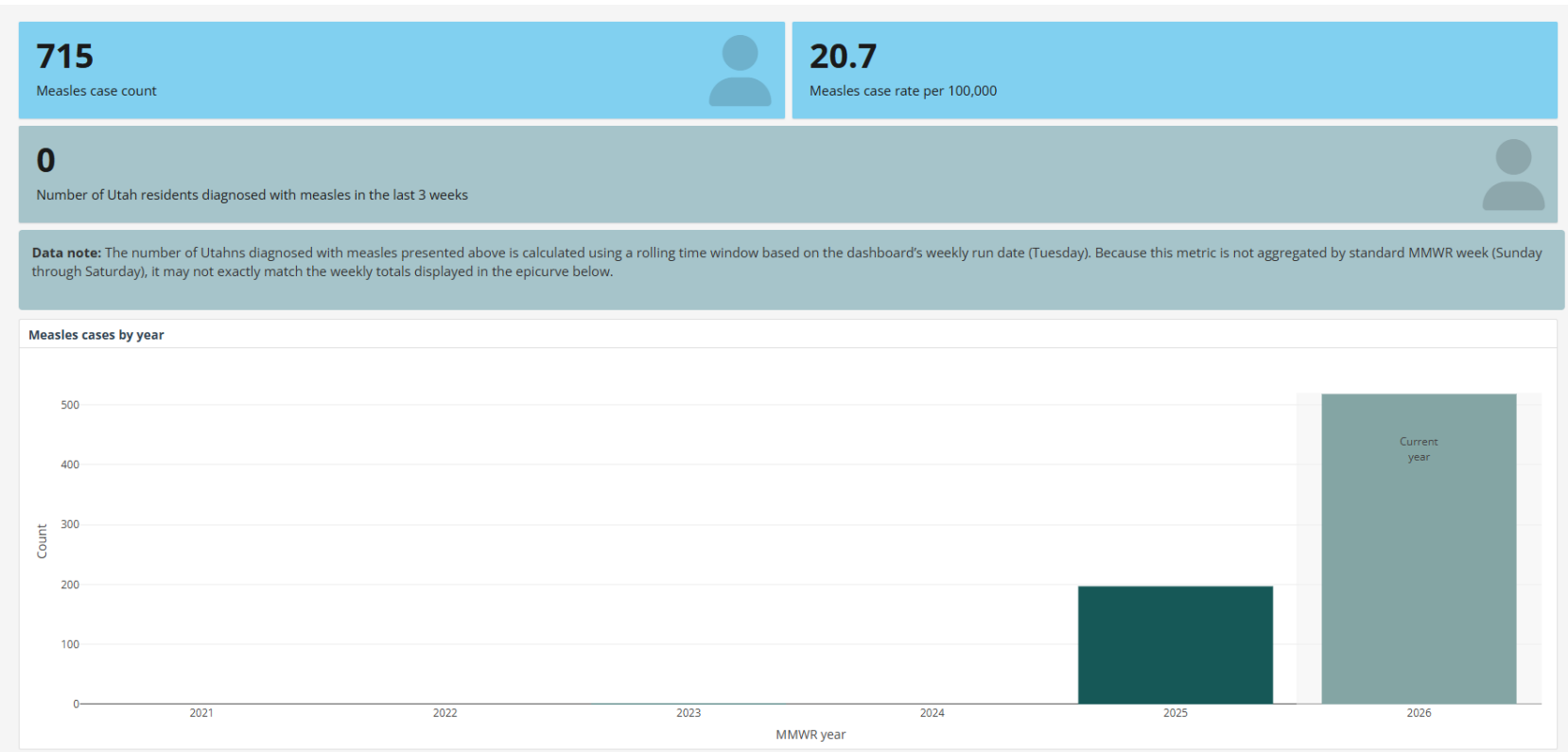
Personal Belief Exemptions Still Dominate

- 84.1% are personal belief exemptions, not medical or religious.
- These families may be open to new information.



Measles Snapshot

- 715 measles cases to date
- 20.7 measles cases per 100,000
- 0 diagnosed with measles in the last 3 weeks



Trust and Information

Why the messenger matters as much as the message



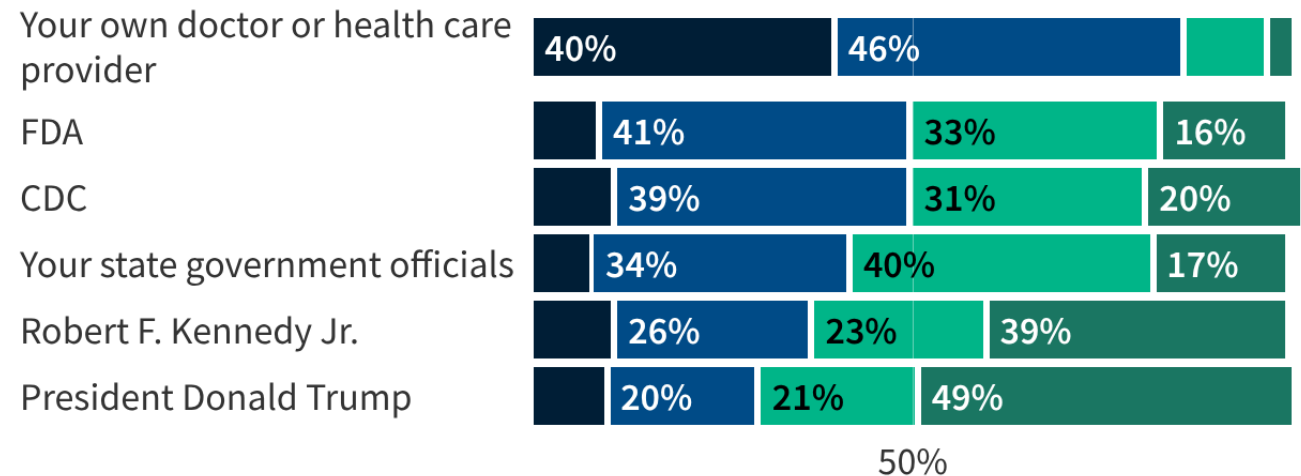
U.S. Adults Trust Their Own Doctor Most for Health Information

- Own doctor/health care provider: 86% a great deal/fair amount
- CDC: 49% a great deal/fair amount
- State government officials and other sources trail further behind.

U.S. Adults Are Most Trusting of Their Own Doctors for Health Information; Fewer Trust Government Health Authorities

How much do you trust each of the following for reliable information about health issues?

■ A great deal ■ A fair amount ■ Not much ■ Not at all



Note: See topline for full question wording.

Source: KFF Tracking Poll on Health Information and Trust (Jan. 13-20, 2026)

Key Drivers of Vaccine Hesitancy

- Post-COVID erosion of trust in public health institutions
- Misinformation spreading faster than it can be corrected
- Fear of side effects outweighing perceived disease risk
- Shifting or unclear guidance fueling distrust
- **Bottom line: families aren't being difficult — they're afraid, and often working from incomplete information.**

Addressing Vaccine Schedule Changes & Confusion

Changes

- **MMR Vaccine** (Aug 2026) Executive order proposed splitting MMR into three separate shots.
- **COVID-19 vaccine** (Sept 2025): changed from a universal recommendation to shared clinical decision-making (SCDM) for adults and children
- **Hepatitis B birth dose** (Dec 2025): changed from universal to SCDM

Talking with patients:

- **Acknowledge it openly:** "There's been a lot of change lately, it's confusing, and it's okay to have questions."
- Let them know you're there to help them sort through it, not add to the noise.
- Ask before you offer: "Would it help if I shared my recommendation?"
- Keep it simple — one clear, current recommendation, not a rundown of the politics.
- Invite follow-up: "If anything changes, I'll let you know."

What We Are Trained to Do (and Why It Backfires)

- Correcting misinformation with facts and evidence
 - Debunking myths or highlighting flaws in the patient's reasoning
 - Using authority to direct the patient toward the “right” decision
 - Repeating the recommendation more emphatically when resisted
-
- The evidence is consistent: directive correction reliably increases resistance rather than reducing it (Miller & Rollnick, 2013; Lundahl et al., 2013).

Motivational Interviewing

- **Shift the goal:** from shame talk to change talk
 - Get curious before you get clinical
 - Ask permission before sharing information
 - One fact, not a lecture — then ask what they think
 - Preserve the relationship even without agreement
- The goal is not to win the appointment. It is to keep the door open.

MI in One Sentence

- Guide, don't persuade or try to win
- Don't fix, get curious
- Change talk, not shame talk

Core Skills (OARS)

- **O**pen-ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries



Avoid Righting Reflex

- **Definition:** Our instinct to immediately correct misinformation or tell people what to do — often before we understand their perspective.
- **Patient's Statement:** “I don't need to see a counselor — I can handle this on my own.”
- **Righting Reflex (less effective):** “That's not true — with what you're describing, you really should get help.”
- **Empathic Response (better):** “You've been managing a lot on your own. What would make talking to someone feel more worth it?”
- **New Approach:** Try to pause, listen, and ask questions instead.

Get Curious

- Curiosity lowers resistance
- Replaces the righting reflex
- Invites autonomy
- Improves trust quickly
- Ask many **open-ended questions**



Curiosity in Practice

- Patient: “I know I'm supposed to check my blood sugar every day, but I just don't always get to it.”
- Instead of correcting or reassuring right away, pause and get curious:
 - “What gets in the way on the days you don't check?”
 - “What's it like on the days you do?”
 - “What would make this feel more manageable?”



Open-Ended Questions

- Open-ended questions help you move the conversation forward and remove yes/no answers.
- Remember to be **CURIOUS**
- Examples:
 - Tell me more about that.
 - What do you like/dislike about that?
 - What is your biggest concern?
 - What are the pros and the cons?
 - How might this impact your life?
 - What would motivate you to change?
- Avoid WHY questions as these can be accusatory.
 - “Why won't you vaccinate?”

You Don't Have to Agree

- MI is not endorsement
- You can disagree respectfully
- Engagement preserves trust
- Examples:
 - “I don't see it the same way, but I want to understand.”
 - “We may not agree today and that's okay.”
 - “I'm here if you want to revisit this.”

Breakout Instructions

- Work in pairs
- Stay in role
- Follow task exactly
- No teaching, just practice

Breakout Activity 1: Curiosity

- Scenario: You are doing a home visit with a family, and their child is due for the MMR vaccine.
 - **Patient:** Try to be difficult and make up reasons why you don't want to vaccinate
 - **Nurse:** Listen, pause, get curious, and ask open-ended questions to engage and learn about why they are hesitant.
- Ask 3+ open-ended questions
- Stay curious
- Avoid giving information

Debrief

- What was difficult?
- What was easy?
- How can you start doing this in practice?

Affirmations

- Affirmations reflect a person's values, strengths, effort, or skills and help build confidence and trust. They recognize what matters most to the person, not just what they do.
- **Example 1 — Safety Concerns**
 - Parent: “I'm worried about side effects and don't want to take unnecessary risks.”
 - Affirmation: “You're really focused on keeping your child safe, and that's an important priority.”
- **Example 2 — Managing a Chronic Condition**
 - Patient: “I know I should take my blood pressure medication every day, but I keep forgetting.”
 - Affirmation: “You're really trying to stay on top of your health even when life gets busy.”

Reflections/Summaries

- Reflect to the person what they just said. Tips for using reflections:
 - Listen for total meaning
 - Respond to feelings
 - Note all cues, including non-verbal clues
 - If possible, avoid: “I hear you saying...” or “I feel like you are...”
- Focus on **You** statements.
 - You are struggling to change your diet.
 - You are worried about the side effects of the vaccine.
 - You want to ensure your child doesn't get autism.

Reflection & Affirmation Guide

- **Affirmation:** ‘You care about...’
- **Reflection:** ‘You're feeling... because...’

Address Risk — Don't Avoid It

- MI isn't about avoiding hard truths to keep things comfortable — it's about *how* you share them.
- Avoiding a real risk to keep the peace usually backfires: patients notice, and it costs you credibility later.
- Risks are real. Naming them honestly builds more trust than smoothing them over.

Tips for discussing risk

- Ask permission first, then offer the information straight.
- Use plain numbers, not just words like "rare" or "very safe", "about 1 in X" lands better than vague reassurance.
- Put risk in context: compare it to the risk of *not* acting, not just present it in isolation.
- Resist the urge to over-reassure ("don't worry, it's totally fine"), one overstated claim can undo trust in everything else you say.
- Pair the risk with the plan: "Here's the risk, and here's what we'd watch for" gives people something to hold onto.

Ask-Offer-Ask

- **Step 1:** Ask what do you know about _____?
 - Reflect/affirm
- **Step 2:** Ask for permission to share more information — this is key
- **Step 3:** If yes, offer 1 piece of information or key recommendation and keep it simple.
- **Step 4:** Ask what do you think about this information?



Example

- **ASK:** “What have you heard about mammogram screening at your age?”
Listen. Don't interrupt. Don't fix.
- **ASK PERMISSION:** “Would it be okay if I shared one thing about when screening matters most?”
- **OFFER:** “Finding changes early, before symptoms, is when treatment options are widest and outcomes are best.”
 - Limit to 1 key fact and keep as simple as possible. Stop. Do not lecture. This is where most people ruin it.
- **ASK:** “What do you think about that?” Or “How does that fit with what you've been thinking?”
- Goal: Keep the conversation open — not win the argument

Breakout 2: Ask–Offer–Ask

- Scenario: Patient dismissing a lifestyle recommendation for hypertension
 - Patient: “I've cut back on salt like you said, and my blood pressure's still not where you want it. I don't think diet is really the issue for me.”
- Full Ask–Offer–Ask sequence:
 - ASK: Explore what they know and what concerns them most
 - Ask permission, then offer one evidence-based fact (keep it one sentence)
 - ASK: “What do you think about that?” — then stop and listen

Group Debrief

- Where did you struggle?
- Where did you try to fix?
- What worked?

Key Takeaway

You don't need to win. You need to keep the door open — whatever your role, whatever the topic.

Key Tips to Strengthen Behavior-Change Conversations

- Lead with curiosity, not correction — ask before you tell.
- Use OARS every time: open questions, affirmations, reflections, summaries.
- Offer one fact at a time, with permission — never a lecture.
- Address confusion and risk directly, don't avoid or sugar coat.
- Expect ambivalence — you don't have to resolve it in one visit.
- Affirm effort and values, not just outcomes.
- The goal isn't agreement today. It's keeping the relationship open for next time.

Key References (1 of 2)

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Questions?



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Adherence & SUPD Collaboration



Stars Quality & Adherence Team

Nakisa Mirrafie, PharmD | MBA

Pharmacy Services Manager

Inviting health groups to partner on medication adherence and SUPD

Why Adherence and SUPD Matter



- ✓ **For members:** Staying on therapy, including a statin when indicated, means better-controlled conditions and fewer avoidable hospital visits.
- ✓ **For clinics:** Prioritized lists and shared updates on both adherence and SUPD replace chart-chasing and phone tag, easing provider workload and abrasion.
- ✓ **For both:** Better adherence and statin use improve member health while strengthening the CMS Star Ratings measures clinics and the plan share.

Adherence at a Glance



- **Twice-Weekly Lists**
 - Adherence lists sent to participating clinics every Monday and Wednesday
- **Two Member Groups**
 - Members already in the measure, plus 1-fill members entering soon
- **A Two-Way Loop**
 - Clinics act and report back so the team can focus outreach

How the Collaboration Works



01 Send the Lists

Adherence lists go to participating clinics every Monday and Wednesday.



02 Prioritize by GNR

Members are ranked High or Medium priority by days until Goal Not Reachable.



03 Clinic Outreach

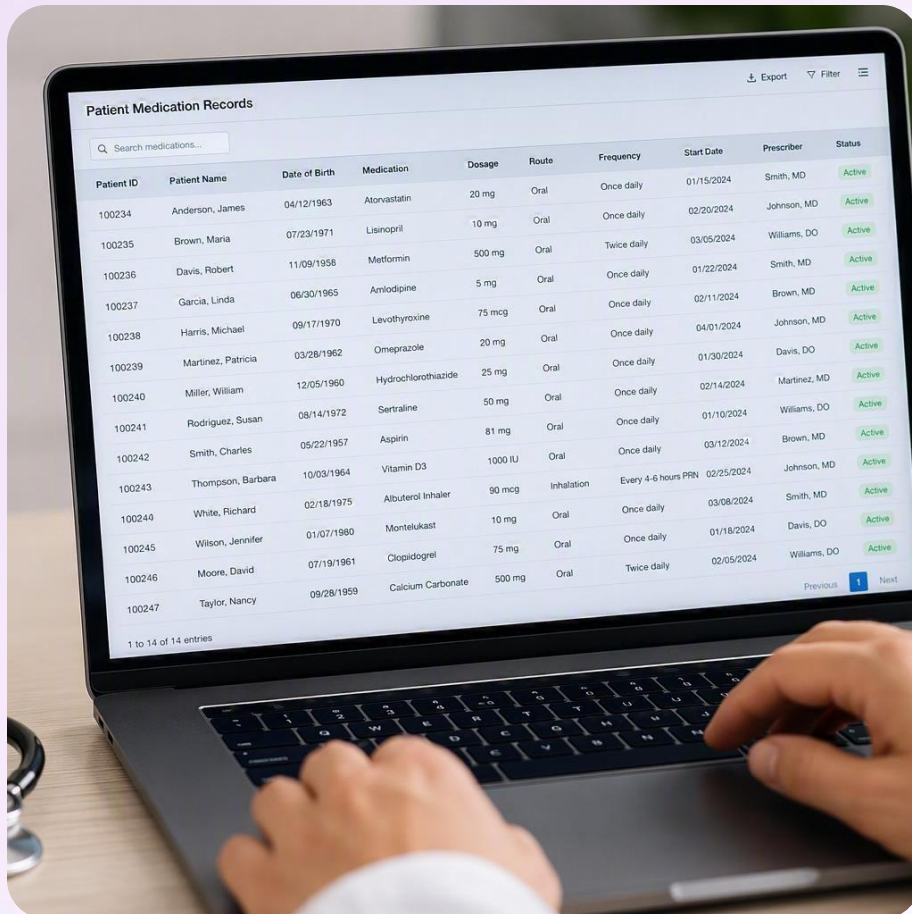
Clinics review members and reach out to offer a refill when appropriate.



04 Report Back

Clinics return notes on outreach and medication status to the Adherence Team.

What the List Includes



Patient ID	Patient Name	Date of Birth	Medication	Dosage	Route	Frequency	Start Date	Prescriber	Status
100234	Anderson, James	04/12/1963	Atorvastatin	20 mg	Oral	Once daily	01/15/2024	Smith, MD	Active
100235	Brown, Maria	07/23/1971	Lisinopril	10 mg	Oral	Once daily	02/20/2024	Johnson, MD	Active
100236	Davis, Robert	11/09/1958	Metformin	500 mg	Oral	Twice daily	03/05/2024	Williams, DO	Active
100237	Garcia, Linda	06/30/1965	Amlodipine	5 mg	Oral	Once daily	01/22/2024	Smith, MD	Active
100238	Harris, Michael	09/17/1970	Levothyroxine	75 mcg	Oral	Once daily	02/11/2024	Brown, MD	Active
100239	Martinez, Patricia	03/28/1962	Omeprazole	20 mg	Oral	Once daily	04/01/2024	Johnson, MD	Active
100240	Miller, William	12/05/1960	Hydrochlorothiazide	25 mg	Oral	Once daily	01/30/2024	Davis, DO	Active
100241	Rodriguez, Susan	08/14/1972	Sertraline	50 mg	Oral	Once daily	02/14/2024	Martinez, MD	Active
100242	Smith, Charles	05/22/1957	Aspirin	81 mg	Oral	Once daily	01/10/2024	Williams, DO	Active
100243	Thompson, Barbara	10/03/1964	Vitamin D3	1000 IU	Oral	Once daily	03/12/2024	Brown, MD	Active
100244	White, Richard	02/18/1975	Albuterol Inhaler	90 mcg	Inhalation	Every 4-6 hours PRN	02/25/2024	Johnson, MD	Active
100245	Wilson, Jennifer	01/07/1980	Montelukast	10 mg	Oral	Once daily	03/08/2024	Smith, MD	Active
100246	Moore, David	07/19/1961	Clopidogrel	75 mg	Oral	Once daily	01/18/2024	Davis, DO	Active
100247	Taylor, Nancy	09/28/1959	Calcium Carbonate	500 mg	Oral	Twice daily	02/05/2024	Williams, DO	Active

Each Excel attachment gives clinics everything needed to act quickly:

- **Member & Medication**

Patient identifiers, medication, next fill date, and Goal Not Reachable (GNR) date

- **Prescriber & Pharmacy**

Prescriber details plus pharmacy name, address, and phone number

- **Notes to Complete**

Outreach status, whether the member is still on the medication, and how it's taken

1-Fill Members

What is a 1-Fill Member?

Not yet in the measure, but expected to enter at their next refill

- Listed in the email body

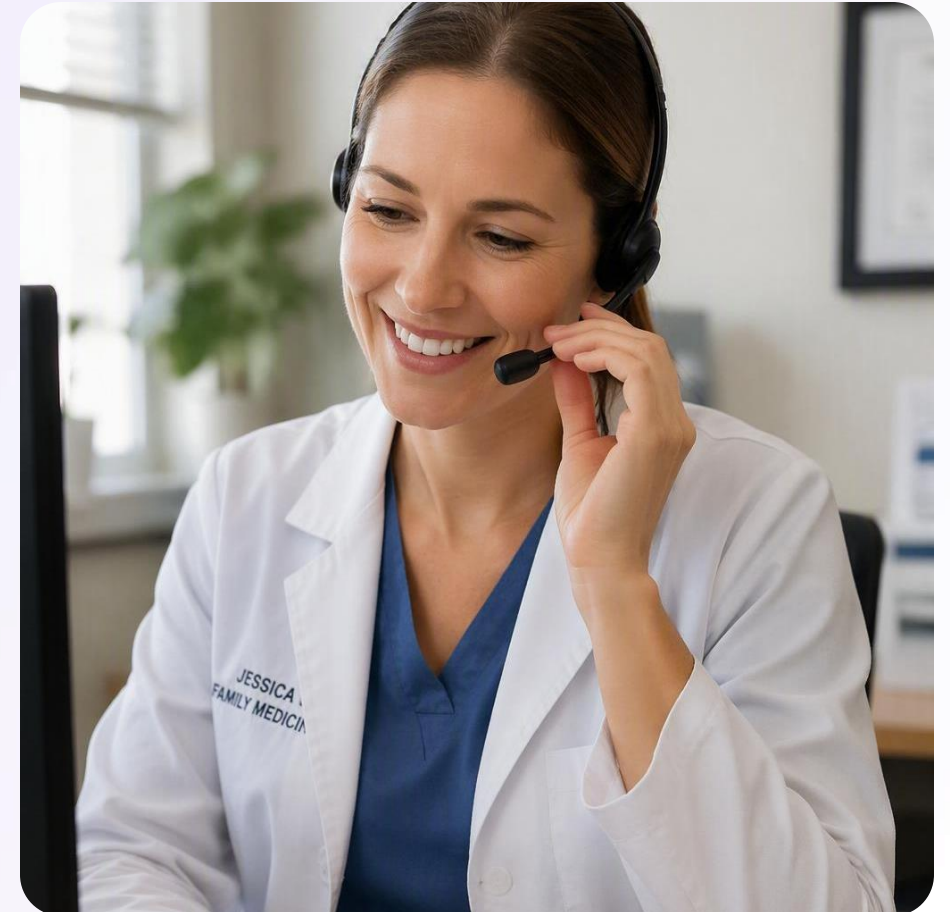
What We Want to Know

- **Is the Prescription Active?**

Clinics confirm the prescription is current before outreach

- **Will They Continue?**

Verify the member will keep taking it as maintenance therapy





Extending the Model to SUPD

Statin Use in Persons with Diabetes

Extending the partnership to help clinics close statin gaps and submit exclusions.

How the SUPD Collaboration Works



- **Weekly SUPD Lists**
 - A weekly email of that week's SUPD tasks for the clinic's patients
- **Three Member Groups**
 - Exclusions, newly qualifying members, and prior-year statin members
- **A Two-Way Loop**
 - Clinics report status and outreach so the team can focus where it counts

Three SUPD Member Groups

- **Qualify for an Exclusion**
Members who meet criteria to be excluded from the SUPD measure
- **Newly Qualify**
Members who newly meet the SUPD measure this year
- **On a Statin Last Year**
Members who were on a statin the previous year but not yet this year



What We Ask for Each Member

- **For Exclusions**

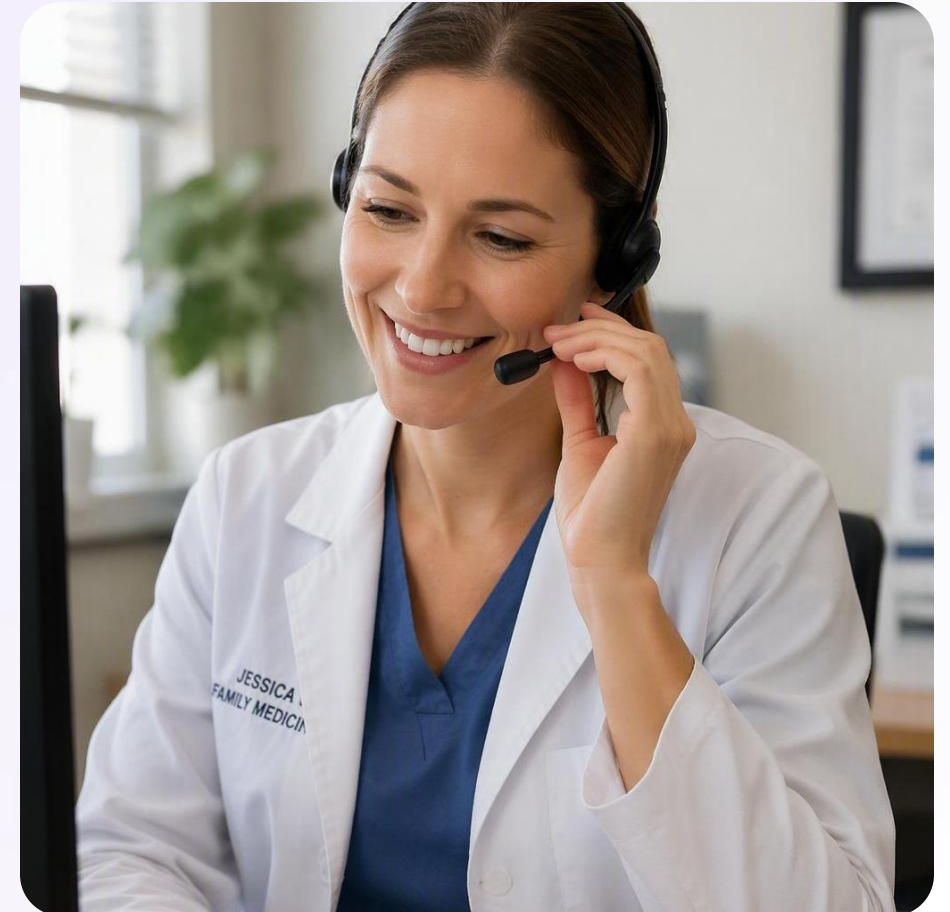
Has the exclusion been submitted, when will it be, or does it no longer apply?

- **For Newly Qualifying**

Has a statin been discussed, what is the plan, and has one been tried before?

- **For Prior-Year Statin**

Why did they stop, were there side effects, and will they restart therapy?



Closing the Loop

- Clinic updates tell our teams who still needs adherence or SUPD outreach
- Members who resolved, stopped therapy, or changed medications are removed from outreach
- Fewer Select Health calls to clinics, reducing patient and provider abrasion
- Clinics and Select Health focus on members most likely to benefit from intervention
- A shared, repeatable process that scales across measures and health groups



Thank You.

- We look forward to partnering with more health groups on adherence and SUPD.
- Reach out with questions or to bring your health group into the collaboration.

Nakisa Mirrafie, PharmD | MBA
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Q&A

Tell us about your experience

Scan the QR code for a short survey

